2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000029055 ,

1. Entity Name

GENTEMANN AUTOMATION, INC.

Principal Place of Business			Mailing Address								
204 AVOCADO ISLE T. LAUDERDALE FL 33315		1204 AVOCADO ISLE FT. LAUDERDALE FL 33315									
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country 6. Name and Address of Current			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
			City & State			4. FEI Number 65-0654020 Applied For					
City & State			City & State		4. FEI (Number) 	Not Applicable				
			Zip				5. Certificate of Status Desired S8.75 Additional Fee Required 7. Name and Address of New Registered Agent				
	6. Name	and Address of Current F	Registered Agent		Name —	7. Name and A	ddress of New F	Registered Ag	jent		
	TEMANN, HI AVOCADO					(P.O. Box Number	is Not Acceptable	e)			
	AUDERDAL										
		•			City	-		FL	Zip Cod	e	
8. The above	named entity	submits this statement for	the purpose of changing its	registered	office or registe	ered agent, or both,	in the State of Flo	orida.	•		
SIGNATURE .					_						
	Signature, typed	or printed name of registered agent a			gent signature require	ed when reinstating)		DATE			
Tax filing i		ible to satisfy its Intangible and elects to do so.	FILE NOW! After MAY 1, 20 Make Check Payab	01 Fee w	ill be \$550.00	Trust	tion Campaign Fir Fund Contribution		\$5.0 Added	May Be to Fees	
11.		OFFICERS AND I	DIRECTORS	12.		ADDITIONS/C	HANGES TO OFF	ICERS AND I	DIRECTOR		
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NAME		nn, Herman		NAME						ľ	
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STREET ADDRESS CITY-ST-ZIP				CITY-S	ADDRESS r-71P					ļ	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/ April 0

5229261

Daytime Phone #

FILED

Apr 06, 2001 8:00 am Secretary of State 04-06-2001 90027 037 ***150.00

CR2E034 (10/0)